



# Financial Aid Reconsideration Form

2026-2027

Date	Student Name
LU Student ID	Lincoln Email

**SECTION 1. SPECIAL CIRCUMSTANCE FOR CONSIDERATION:** The 2026-2027 FASA collects student, spouse, and/or parents income information, as applicable, for January 1, 2024 to December 31, 2024. If there has been a significant change in income since that time for the periods 01/01/2024 - 12/31/2025 for anyone whose income information was used to complete the 2026-2027 FAFSA, you may submit this form for review of the special circumstance(s) related to the change of income you want considered. Please complete this section by responding to the situation that best fits you, your spouse, or parent(s'). Attach a written explanation detailing the specifics of your circumstances along with any pertinent information that may add clarity to your request. Documentation listed as required but not submitted will cause a delay in our ability to review your request until every required document has been received.

SPECIAL CIRCUMSTANCE	FOR A DEPENDENT STUDENT	FOR AN INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
<input type="radio"/> <b>Loss of Employment</b>	Your parent(s) and/ or your income earned in 2026 will be less than that earned in 2025.	Your (and/or your spouse's) income earned in 2026 will be less than that earned in 2025.	<ul style="list-style-type: none"> <li>- Last pay stub showing year-to-date earnings</li> <li>- Termination notice from employer</li> <li>- Benefit notice from the Un-employment office</li> <li>- 2026-2027 Standard Verification Worksheet</li> <li>- 2025 Tax Return Transcript</li> </ul>
<input type="radio"/> <b>Other Loss of Income</b> <ul style="list-style-type: none"> <li>- Alimony</li> <li>- Child Support</li> <li>- Retirement/ Pension</li> <li>- Social Security (taxed)</li> <li>- Worker's Compensation</li> </ul>	Your parent(s) and/or you received benefits in 2025 which have ceased or been reduced in 2026.	You (and/or your spouse) received benefits in 2025 which have ceased or been reduced in 2026.	<ul style="list-style-type: none"> <li>- 2025 Benefit statement listing total amount received</li> <li>- Benefit statement listing updated amount to receive and effective date</li> <li>- 2026-2027 Standard Verification Worksheet</li> <li>- 2025 Tax Return Transcript</li> </ul>
<input type="radio"/> <b>Separation or Divorce</b>	Your parent(s) separated or divorced AFTER filing the FAFSA	You and your spouse separated or divorced AFTER filing the FAFSA.	<ul style="list-style-type: none"> <li>- 2025 Federal Tax Return Transcript, including all schedules</li> <li>- 2025 W-2 Wage statements for custodial parent/ or independent student</li> <li>- 2026-2027 Standard Verification Worksheet</li> <li>- Divorce decree or separation agreement or proof of separate households.</li> </ul>
<input type="radio"/> <b>Death of a Parent or Spouse</b>	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	<ul style="list-style-type: none"> <li>- 2025 Federal Tax return transcript including all Schedules</li> <li>- 2025 W-2 Wage statements for parent/ or independent student</li> <li>- 2026-2027 Standard Verification Worksheet</li> <li>- Death announcement, and/ or Obituaries</li> </ul>
<input type="radio"/> <b>Medical/Dental Expense if expenses exceed 11% of the (AGI) Adjusted Gross Income</b>	Your parent(s) and/or you paid medical expenses in excess of 11% of AGI in 2025.	Your (and your spouse's) paid medical expenses in excess of 11% of AGI in 2025.	<ul style="list-style-type: none"> <li>- Proof of medical bill payments</li> <li>- Letter from insurance company showing medical expenses not covered.</li> <li>- 2025 Tax Return Transcript</li> <li>- 2026-2027 Standard Verification Worksheet</li> </ul>

<input type="radio"/> <b>One Time Payment Received</b>	Your parent(s) received a one-time lump sum payment in 2025.	You (and your spouse) received a one-time lump sum payment in 2025.	<ul style="list-style-type: none"> <li>- Documentation detailing One Time Payment amount, source and reason.</li> <li>- Explain how funds were used (include this in your explanation of the special circumstance you want considered).</li> <li>- Provide documentation of the use of the funds.</li> <li>- 2025 Tax Return Transcript</li> <li>- 2026-2027 Standard Verification Worksheet</li> </ul>
<input type="radio"/> <b>Other Circumstance Not Listed</b>			<ul style="list-style-type: none"> <li>- Documentation detailing circumstance.</li> <li>- 2025 Tax Return Transcript</li> <li>- 2026-2027 Standard Verification Worksheet</li> </ul>

**SECTION II. PROJECTED INCOME & BENEFITS FROM 1/1/2026 – 12/31/2026 (provide a completed 2026 tax return and schedules if after 12/31/26.**

Source of Income	Father (Step- Father)	Mother (Step- Mother)	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Business/ Farm Income				
Unemployment Compensation				
Worker's Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits (taxable)				
Child Support				
Alimony				
Welfare Benefits				
Other:				
<b>Total of all Income</b>	\$	\$	\$	\$

NOTE – Documentation of amount(s) received to date must be included (e.g. paystub, bank statements, etc.)

**SECTION III. COMPLETE ONLY IF YOU HAVE ONE OF THE TWO CIRCUMSTANCES DESCRIBED:**

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2025: Medical/Dental Expenses in 2026	\$
COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR A ONE- TIME PAYMENT RECEIVED IN 2026: Amount of lump sum received in 2026	\$

**Signatures (Required)**

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If you are considered a dependent student, at least one parent must sign before submitting. **WARNING- If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature & Date	Parent Signature & Date
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